

10

## MULTIPLE DEPENDENT CLAIM

## FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		0				
5		0				
6		0				
7		0				
8		0				
9		0				
10	1		1			
11	1		1			
12		0		1		
13		0				
14	1		1			
15	1		1			
16		0		1		
17		0				
18		0				
19	1					
20		0	1			
21	1			1		
22	1		1			
23	1					
24	1			1		
25	1					
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49						
50						
TOTAL IND.		↓	7	↓		↓
TOTAL DEP.		←	18	←		←
TOTAL CLAIMS			25			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						